

MINUTES FROM RAC-HLTF MEETING, Sat., 2-Oct-2004, 4-6 pm

Attendees:

Margo Coletti
Denise Corless
Anne Fladger
Jeannine Gluck
Mark Goldstein
Shirley Gronholm
Sheila Hayes
Claire LaForce

1. Opening Remarks

Mark opened the meeting thanking everyone for attending. A packet of handouts was provided for each attendee:

- a.) Agenda / List of Topics
- b.) Task Force Contact List (to be revised)
- c.) Fact Sheet / Description of the Hospital Library Evaluation Workshop
- d.) Directions for Task Force (group unanimously agreed an advocacy group)
- e.) Getting beyond "UpToDate" (topic submitted by Barbara Davis, *in absentia*)
- f.) Consumer library specialization (topic submitted by Barbara, *in absentia*)

2. MLA Standards

Although the RAC-HLTF has no mandate to consider any alteration or modification of the "Standards for Hospital Libraries 2002," the group nonetheless had a spirited discussion on the topic. Jeannine reminded the group that the "Standards" was an official document of the MLA, and had gone through five levels of approval. There was also a lengthy comment period for drafts of the standards, during which input was sought from hospital librarians across the country.

[Note: Since the meeting, Jeannine has sent out the Standards document (with 2004 revisions) as an e-Mail attachment to each member of the Task Force.]

3. JCAHO

The Task Force took up discussion of JCAHO:

- JCAHO has weak standards for hospital libraries. Medical education is not within their sphere of interest. The two groups that accredit medical education are the Accreditation Council for Continuing Medical Education (ACCME) and the Accreditation Council for Graduate Medical Education (ACGME). Any standards require "teeth" (enforceability) to work. The effort to advocate for adoption of the "Standards for Hospital Libraries 2002" (SHL2002) is an attempt to make the standards enforceable.

- One major problem noted is that hospital librarians do not uniformly share the same direct reports: some report to the CIO; others to the head of Nursing, and still others to the Education Dept. [*Note: This is why the standards require that the director of the library report to a senior administrator.*]

4. Accreditation – CT

Jeannine reported on the accreditation situation in Connecticut, thus far the only state where hospital library accreditation standards are enforceable.

- The initial adoption of the “Minimum Standards for Health Sciences Libraries in Hospitals” in 1987 came from within the Connecticut State Medical Society (CSMS). Two physicians in New Hampshire have expressed their dissatisfaction with the lack of library services within their hospitals. Having the impetus come from within the physician community, as it has in these two instances, is ideal.
- It is very important to develop a good relationship with members of the State Medical Society.
- Once a second state besides CT embraces accreditation standards, Jeannine will again talk to Mary Martin-Lowe of the ACCME, who currently resides in Connecticut

5. Accreditation – CO

Jeannine reported on the status of the Colorado Medical Society and their progress towards embracing MLA standards for hospital library accreditation:

- At the last CMS meeting, there was a huge agenda, so the CMS never had the opportunity to take up the topic of hospital library accreditation.
- She recommended being patient with the situation on the ground and continues to remain confident that the topic will be considered at a future meeting.

6. Accreditation – MA

Anne reported on the accreditation situation in Massachusetts:

- Pat Thibodeau, then President of the MLA, sent a letter to the Mass. Medical Society (MMS) after they voted not to adopt SHL2002. The letter thanked them for considering it, expressed disappointment at the outcome of their decision, and addressed their objections. As a result, MMS has said that it will reconsider reviewing hospital library standards at a future date.
- There's a new VP in Credentialing at MMS.
- MAHSLIN has had a good relationship with MMS; the last Tech CE class occurred on 9/22/04, as part of grant program with the NER.

7. Accreditation – NH

Sheila reported on the accreditation situation in New Hampshire:

- The New Hampshire Medical Society is waiting to redo their guidelines for continuing medical education. So far, Sheila has made every effort to integrate the library with the CME program. Eventually, she would like to have institutional re-accreditation predicated on the level of integration that exists between educational and library services.
- She also reported on her unique role at Portsmouth Regional Hospital which is part of the HCA “for-profit” health system. She wears both hats as CME coordinator and hospital librarian. She has managed to integrate her library services in with the hospital’s educational objectives. She’s hoping the trend will spread nationally to HCA’s other 267 hospitals. She noted that if it becomes part of the “culture”, it most likely would become permanent, regardless of who’s in a position of power.
- She’s currently developing a curriculum (i.e., a CME-accredited course to teach Loansome Doc.)
- She expressed dread over the continued consolidation of the health care industry in New Hampshire.
- Jeannine noted that CME accreditation deals with the collective needs of the medical staff, while librarians serve the needs of individual clinicians.

8. Accreditation – VT

Claire reported on the accreditation situation in Vermont:

- She reported that the Vermont Medical Society currently does not accredit hospitals for CME.
- She also noted that the hospital librarian and CME coordinator were separate positions at Rutland Regional Medical Center.

9. Hospital Library Evaluation Workshop

Mark raised the topic of an evaluation workshop for hospital librarians that the NN/LM would be willing to offer to the New England region.

- He had a one-page description of the workshop included with the packet of handouts.
- There was consensus for conducting the workshop in New England.

10. **ACCME** (Accreditation Council for Continuing Medical Education)

The Task Force sought definition and clarification over the role of the AACME:

- The ACCME grants two kinds of accreditation:
 - State medical societies, which in turn accredit intrastate sponsors (such as hospitals) to grant CME credits for attendance at their presentations
 - Institutions who hold CME presentations for an audience greater than a single state
- The accreditation of some institutions covers their affiliates
- There are seven essentials (grouped into three areas) that intrastate accreditors must meet.
- There was consensus that the MLA leadership should take an active role in talking directly with the AACME leadership. Jeannine agreed to speak to Carla Funk and/or Joanne Marshall about this.
- There was consensus that real change would most likely take place from “grass roots” campaigns, or that changes would occur concurrently – both “top-down” and “bottom-up”.

11. **Action Items**

- A. Jeannine will re-approach Carla Funk and/or Joanne Marshall with the suggestion of appointing a Liaison to the AACME following the acceptance of the MLA standards by one more state medical society. *[Note: Carla agreed that when another state adopts SHL2002, MLA should talk to ACCME again.]*
- B. Following a consensus to go forward with scheduling a Hospital Library Evaluation Workshop in New England, Mark will approach the NN/LM-PNR about offering a workshop in early spring 2005.
- C. Sheila will talk with HCA libraries in other states (such as, Colorado) about her dual-role as librarian and CME coordinator.

